

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4734AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2008
NAME OF PROVIDER OR SUPPLIER LINDA'S GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3364 EAST ROSARIO CIRCLE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the complaint investigation conducted at your facility on October 16, 2008.</p> <p>The facility is licensed as a 7 beds Residential Facility for Groups, Category II residents.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to persons who are elderly or disabled.</p> <p>Residential facility which provides care to persons who have mental illness.</p> <p>The census was 6 residents.</p> <p>There was one (1) complaint investigated.</p> <p>Complaint # NV00019544 was substantiated with deficiencies.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 085 SS=G	<p>449.199(1) Staffing-CG on duty all times</p> <p>NAC 449.199</p> <p>1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the</p>	Y 085		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 085	Continued From page 1 residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. This Regulation is not met as evidenced by: Based on interview, the facility failed to ensure a staff member was on the premises when 1 or more residents were present at the facility. Findings include: Interview: On 10/16/08 at 10:00 AM interview of Employee #1 (owner/caregiver) confirmed that on October 9, 2008 there was no caregiver on the premises for one bedridden resident. Employee #1 further stated that she was "across the street at a garage sale for 5 minutes". Severity: 3 Scope: 1 Complaint #19544	Y 085			
Y 088 SS=C	4493199(4) Staffing Schedule NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.	Y 088			

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Y 088	Continued From page 2 This Regulation is not met as evidenced by: Based on observation and interview the facility failed to maintain a staffing schedule and to retain the schedule for 6 months. Findings include: Observation: There was no staffing schedule posted. Interview: Interview with Employee #1 (owner/caregiver) revealed that there was no staffing schedule for the October 2008 or any prior months. Severity: 1 Scope: 3	Y 088			
YA106 SS=F	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. 2. The personnel file for a caregiver of a residential facility must include, in addition to the	YA106			

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YA106	<p>Continued From page 3</p> <p>information required to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and (b) Proof that the caregiver is 18 years of age or older.</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: Based on interview the facility failed to ensure a complete file with mandatory requirements for 1 of 2 employees was available for review. (#2)</p> <p>Findings include:</p> <p>Interview:</p> <p>Interview with Employee #1 (owner/caregiver) revealed that there was no employee file available for Employee #2 (hire date 9-30-08).</p>	YA106		

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YA106	Continued From page 4 Severity: 2 Scope: 3	YA106			

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